

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097890116**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9	/						59					
10		/					60					
11		/					61					
12		/					62					
13	/						63					
14		/					64					
15		/					65					
16		/					66					
17	/						67					
18		/					68					
19		/					69					
20		/					70					
21		/					71					
22		/					72					
23	/						73					
24		/					74					
25		/					75					
26	/						76					
27	/						77					
28		/					78					
29	/						79					
30		/					80					
31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36	/						86					
37	/						87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	29						TOTAL DEP.					
TOTAL CLAIMS	37						TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS